

Certificate of Insurance for Closure or Post-closure Care

Name and Address of Insurer, herein called the "Insurer":

Name and Address of Insured, herein called the "Insured":

Facilities Covered: *(List for each facility: The EPA Identification Number, name, address, and the amount of insurance for closure and/or the amount for post-closure care. These amounts for all facilities covered must total the face amount shown below.)*

(EPA Identification Number)

(EPA Identification Number)

(Name)

(Name)

(Address)

(Address)

(Amount of Insurance for Closure)

(Amount of Insurance for Closure)

(Amount for Post-closure)

(Amount for Post-closure)

Face Amount: _____

Policy Number _____

Effective Date _____

The Insurer hereby certifies that it has issued to the Insured the policy of insurance identified above to provide financial assurance for _____ for the facilities identified above.
(insert "closure" or "closure and post-closure care" or
"post-closure care")

The Insurer further warrants that such policy conforms in all respects with the requirements of Section 7 of 401 KAR 34:090, Section 7 of 401 KAR 34:100, Section 6 of 401 KAR 35:090 and Section 6 of 401 KAR 35:100, as applicable and as such regulations were constituted on the date shown immediately below. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

Whenever requested by the Director of the Division of Waste Management in the Energy and Environment Cabinet, hereinafter the Director of the Division, the Insurer agrees to furnish to the Director of the Division a duplicate original of the policy listed above, including all endorsements thereon.

I hereby certify that the wording of this certificate is identical to the wording specified in 401 KAR 34:156 as such regulations were constituted on the date shown immediately below.

(Authorized signature for Insurer)

(Name of person signing, typed)

(Title of person signing, typed)

(Signature of witness or notary public)

(Seal of Notary Public)

(Date Notary Public Commission Expires)

(Date)

DEP-6035E

(Note: Use of this form is required by 401 KAR 34:080.)